

SERFF Tracking Number:	AOIC-125352063	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	WCP-AR-99-11/16/2007-01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation Rate Filing /WCP-AR-99-11/16/2007-01		

## Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Workers Compensation

SERFF Tr Num: AOIC-125352063

State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WCP-AR-99-11/16/2007-01

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Jennifer Smith, Kelly Staake, Megan Shaff, Andrew Hoard, Debbie Garofalo

Disposition Date: 11/19/2007

Date Submitted: 11/16/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

## General Information

Project Name: Workers Compensation Rate Filing

Status of Filing in Domicile: Not Filed

Project Number: WCP-AR-99-11/16/2007-01

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance, Inc.

Reference Number:

Reference Title:

Advisory Org. Circular: AR-2007-10

Filing Status Changed: 11/19/2007

State Status Changed: 11/19/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Auto-Owners Insurance Company of Lansing, Michigan and Owners Insurance Company of Lima, Ohio submit the following workers' compensation rate revision for your review. The proposed effective date for both new and renewal business is January 1, 2008.

Auto-Owners Insurance Company and Owners Insurance Company are filing to adopt the NCCI loss costs and miscellaneous values effective January 1, 2008 per NCCI Item Number AR-2007-10.

SERFF Tracking Number: AOIC-125352063 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$100  
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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Workers Compensation Rate Filing /WCP-AR-99-11/16/2007-01

For Auto-Owners, all classes will maintain our loss cost multipliers of 1.57 and 1.47. The loss cost multiplier of 1.47 will remain in effect for the classes listed below:

0042 3040 3114 3632 4299 5022 5183 5190 5191 5192 5215  
5221 5445 5462 5474 5491 5537 5538 5645 5651 6217 6229  
6325 6836 7228 7229 8001 8006 8008 8010 8013 8017 8018  
8046 8227 8380 8393 8601 8742 8810 8820 8832 9052 9060  
9061 9082 9101 9519 9620

For Owners, all classes will maintain our loss cost multipliers of 1.27 and 1.17. The loss cost multiplier of 1.17 will remain in effect for the classes listed below:

0042 3040 3114 3632 4299 5022 5183 5190 5191 5192 5215  
5221 5445 5462 5474 5491 5537 5538 5645 5651 6217 6229  
6325 6836 7228 7229 8001 8006 8008 8010 8013 8017 8018  
8046 8227 8380 8393 8601 8742 8810 8820 8832 9052 9060  
9061 9082 9101 9519 9620

If you have any questions regarding this filing, please feel free to contact me.

## Company and Contact

### Filing Contact Information

Jennifer Smith, Administrator smith.jennifer.l@aoins.com  
P.O. Box 30660 (800) 346-0346 [Phone]  
Lansing, MI 48909-8160 (517) 323-8796[FAX]

### Filing Company Information

Auto-Owners Insurance Company CoCode: 18988 State of Domicile: Michigan  
P.O. Box 30660 Group Code: 280 Company Type: PC  
Lansing, MI 48909-8160 Group Name: Auto-Owners Ins State ID Number:  
Group  
(800) 346-0346 ext. [Phone] FEIN Number: 38-0315280  
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<i>SERFF Tracking Number:</i>	<i>AOIC-125352063</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>WCP-AR-99-11/16/2007-01</i>		
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Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 34-1172650	
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<i>SERFF Tracking Number:</i>	<i>AOIC-125352063</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50.00 filing fee per company
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$100.00	11/16/2007	16682669
Owners Insurance Company	\$0.00	11/16/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	
	\$0.00	

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	11/19/2007	11/19/2007

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Project Name/Number:	Workers Compensation Rate Filing /WCP-AR-99-11/16/2007-01		

## Disposition

Disposition Date: 11/19/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Auto-Owners Insurance Company	2.300%	\$17,571	262	\$769,280	4.400%	0.000%	0.000%
Owners Insurance Company	2.600%	\$4,455	30	\$168,162	3.700%	0.500%	0.000%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

2.300%

Effect of Rate Filing-Written Premium Change For This Program

\$22,026

Effect of Rate Filing - Number of Policyholders Affected

292

SERFF Tracking Number:	AOIC-125352063	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Auto-Owners Rates	Approved	Yes
Rate	Auto-Owners Miscellaneous Values	Approved	Yes
Rate	Owners Rates	Approved	Yes
Rate	Owners Miscellaneous Values	Approved	Yes

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	-4.600%
<b>Effective Date of Last Rate Revision:</b>	07/01/2007
<b>Filing Method of Last Filing:</b>	Prior Approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Auto-Owners Insurance Company	0.000%	2.300%	\$17,571	262	\$769,280	4.400%	0.000%
Owners Insurance Company	0.000%	2.600%	\$4,455	30	\$168,162	3.700%	0.500%

## Overall Rate Information for Multiple Company Filings

<b>Overall % Rate Indicated:</b>	
<b>Overall Percentage Rate Impact For This Filing:</b>	2.300%
<b>Effect of Rate Filing - Written Premium Change For This Program:</b>	\$22,026



<i>SERFF Tracking Number:</i>	<i>AOIC-125352063</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>WCP-AR-99-11/16/2007-01</i>		
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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation Rate Filing /WCP-AR-99-11/16/2007-01</i>		

<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	<b>292</b>
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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Auto-Owners Rates	AOAKZ013	Replacement	AOAKZ013.pdf
Approved	Auto-Owners Miscellaneous Values	AOAKZ014	Replacement	AOAKZ014.pdf
Approved	Owners Rates	AOAKZ015	Replacement	AOAKZ015.pdf
Approved	Owners Miscellaneous Values	AOAKZ016	Replacement	AOAKZ016.pdf

## Auto-Owners

WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
PART THREE - RATES

## Arkansas

## Class Codes

[0005 - 3064](#)[3076 – 4653](#)[4665 – 7540](#)[7580 - 9620](#)

Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.
0005	5.35	750	1860	1.70	424	2503	1.51	394
0008	3.28	668	1924	3.60	718	2534	2.67	574
0016	6.89	750	1925	2.97	620	2570	5.42	750
0034	4.69	750	2001	2.68	575	2585	2.98	622
0035	2.73	583	2002	3.72	737	2586	1.13	335
0036	4.54	750	2003	3.12	644	2587	2.42	535
0037	4.91	750	2014	5.89	750	2589	1.79	437
0042	7.45	750	2016	2.70	579	2600	5.42	750
0050	6.06	750	2021	3.74	740	2623	2.81	596
0079	3.53	707	2039	5.13	750	2651	2.50	548
0083	9.28	750	2041	4.41	750	2660	1.76	433
0106	15.73	750	2065	1.37	372	2670	2.62	566
0113	5.26	750	2070	5.62	750	2683	2.26	510
0170	2.92	613	2081	4.85	750	2688	3.23	661
0251	5.92	750	2089	3.03	630	2702X	30.24	750
0400	9.44	750	2095	3.60	718	2710	9.31	750
0401	13.77	---	2105	2.78	591	2714	5.60	750
0771N	0.35	---	2110	2.50	548	2719X	12.21	750
0908P	140.00	300	2111	2.26	510	2731	4.10	750
0913P	374.00	534	2112	2.87	605	2735	3.33	676
0917	4.13	750	2114	3.45	695	2759	8.31	750
1005	10.97	750	2121	2.20	501	2790	1.57	403
1164E	8.04	750	2130	3.23	661	2802	7.24	750
1165E	7.66	750	2131	1.98	467	2812	4.85	750
1320	3.23	661	2143	2.45	540	2835	1.85	447
1322	13.03	750	2157	4.24	750	2836	2.64	569
1430	5.87	750	2172	2.40	532	2841	4.60	750
1438	3.01	627	2174	3.12	644	2881	2.54	554
1452	2.07	481	2211	5.87	750	2883	4.82	750
1463	12.91	750	2220	2.23	506	2913	3.47	698
1472	3.93	750	2286	1.65	416	2915	4.30	750
1624E	8.49	750	2288	5.15	750	2916	2.75	586
1642	4.25	750	2300	2.40	532	2923	2.28	513
1654	9.18	750	2302	2.10	486	2942	2.70	579
1655	5.12	750	2305	2.78	591	2960	3.38	684
1699	2.37	527	2361	1.51	394	3004	2.87	605

1701	3.94	750	2362	2.03	475	3018	3.45	695
1710E	7.36	750	2380	6.91	750	3022	3.71	735
1741E	1.96	464	2386	1.35	369	3027	3.36	681
1745X	3.23	661	2388	2.14	492	3028	3.53	707
1747	2.70	579	2402	2.57	558	3030	4.66	750
1748	6.33	750	2413	2.06	479	3040	4.34	750
1803D	6.06	750	2416	2.14	492	3041	4.00	750
1852D	2.48	544	2417	1.98	467	3042	3.63	723
1853	2.95	617	2501	1.68	420	3064	5.18	750

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Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.
3076	3.09	639	3559	2.42	535	4130	6.28	750
3081D	2.84	600	3574	1.33	366	4131	3.03	630
3082D	4.51	750	3581	1.35	369	4133	2.89	608
3085D	3.33	676	3612	2.48	544	4150	1.46	386
3110	3.39	685	3620	6.81	750	4206	4.46	750
3111	3.38	684	3629	2.14	492	4207	1.29	360
3113	2.42	535	3632	3.23	661	4239	1.49	391
3114	2.68	575	3634	2.14	492	4240	3.28	668
3118	1.60	408	3635	1.99	468	4243	1.60	408
3119	1.21	348	3638	1.77	434	4244	2.64	569
3122	1.29	360	3642	1.04	321	4250	1.66	417
3126	2.20	501	3643	3.36	681	4251	1.85	447
3131	1.00	315	3647	3.61	720	4263	2.67	574
3132	2.29	515	3648	2.36	526	4273	1.82	442
3145	2.14	492	3681	1.57	403	4279	1.98	467
3146	2.87	605	3685	2.06	479	4282	2.43	537
3169	2.95	617	3719	3.80	749	4283	2.62	566
3175D	3.25	664	3724	7.49	750	4299	1.57	403
3179	2.65	571	3726	4.00	750	4304	3.11	642
3180	2.37	527	3803	2.07	481	4307	3.01	627
3188	1.59	406	3807	1.79	437	4351	1.22	349
3220	2.25	509	3808	3.06	634	4352	1.15	338
3223	3.63	723	3821	4.71	750	4360	0.89	298
3224	2.97	620	3822	3.08	637	4361	1.51	394
3227	1.98	467	3824	5.40	750	4362	1.21	348
3240	3.72	737	3826	1.16	340	4410	3.28	668
3241	3.30	672	3827	1.33	366	4420	3.89	750
3255	2.92	613	3830	1.29	360	4431	1.65	416
3257	3.00	625	3851	3.20	656	4432	1.77	434
3270	4.91	750	3865	1.44	383	4439	2.09	484
3300	4.11	750	3881	4.25	750	4452	3.83	750
3303	4.05	750	4000	8.29	750	4459	2.36	526
3307	3.97	750	4021	5.02	750	4470	2.54	554
3315	2.97	620	4024E	1.90	455	4484	2.62	566

3334	2.83	599	4034	7.71	750	4493	3.16	650
3336	2.75	586	4036	2.95	617	4511	0.77	279
3365	10.85	750	4038	2.37	527	4557	2.04	476
3372	3.05	633	4053	3.61	720	4558	2.10	486
3373	3.80	749	4061	4.84	750	4561	2.14	492
3383	1.08	327	4062	3.50	703	4568	3.00	625
3385	0.99	313	4101	2.21	503	4581	1.88	451
3400	2.89	608	4111	2.61	565	4583	5.13	750
3507	3.27	667	4112	1.07	326	4611	1.05	323
3515	2.64	569	4113	1.88	451	4635	4.30	750
3548	1.40	377	4114	2.70	579	4653	1.51	394

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Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.
4665	7.65	750	5462	6.53	750	6811	6.33	750
4670	4.91	750	5472	5.76	750	6824F	27.35	750
4683	5.21	750	5473	5.87	750	6826F	13.24	750
4686	1.29	360	5474	7.64	750	6834	4.73	750
4692	0.41	224	5478	5.01	750	6836	9.70	750
4693	0.97	310	5479	11.70	750	6843F	18.18	750
4703	2.59	561	5480	11.43	750	6845F	21.40	750
4717	2.72	582	5491	2.29	515	6854	5.97	750
4720	4.44	750	5506	5.01	750	6872F	24.71	750
4740	1.68	420	5507	6.55	750	6874F	43.90	750
4741	2.01	472	5508D	8.32	750	6882	6.83	750
4751	2.14	492	5537	5.88	750	6884	14.99	750
4771N	1.99	523	5551	16.39	750	7133	3.94	750
4777	1.98	467	5606	2.21	503	7222	11.24	750
4825	0.85	292	5610	7.77	750	7228X	8.25	750
4828	1.60	408	5645	12.16	750	7229X	8.20	750
4829	1.74	430	5651	9.85	750	7230	4.29	750
4902	1.92	458	5703	113.13	750	7231	9.47	750
4923	1.27	357	5705	5.70	750	7232	16.11	750
5020	6.45	750	5951	0.42	225	7309F	30.46	750
5022	6.60	750	6003	11.70	750	7313F	7.02	750
5037	19.67	750	6005	7.71	750	7317F	11.24	750
5040	22.98	750	6017	4.87	750	7327F	24.51	750
5057	18.10	750	6018	2.48	544	7350F	26.61	750
5059	25.98	750	6045	3.33	676	7360	6.64	750
5069	24.98	750	6204	10.86	750	7370	5.75	750
5102	4.80	750	6206	8.37	750	7380X	4.66	750
5146	5.68	750	6213	12.95	750	7382	3.16	650
5160	5.06	750	6214	3.12	644	7390	3.99	750
5183	3.43	692	6216	5.90	750	7403X	3.20	656
5188	6.09	750	6217	5.16	750	7405N	1.70	565
5190	3.34	678	6229	4.32	750	7420X	24.44	750

5191X	1.87	450	6233	8.48	750	7421	2.54	554
5192	4.20	750	6235	12.83	750	7422	2.81	596
5213	8.64	750	6236	14.65	750	7423X	3.20	656
5215	4.23	750	6237	4.02	750	7425	3.96	750
5221	4.31	750	6251D	8.73	750	7431N	2.20	684
5222	11.32	750	6252D	7.91	750	7445N	0.91	---
5223	6.19	750	6260D	6.00	750	7453N	1.18	---
5348	4.32	750	6306	6.20	750	7502	3.33	676
5402	5.67	750	6319	6.20	750	7515	1.22	349
5403	11.54	750	6325	5.39	750	7520	3.41	689
5437	5.29	750	6400	7.74	750	7538	10.90	750
5443	4.21	750	6504	2.70	579	7539	6.92	750
5445	5.01	750	6801F	15.83	750	7540	4.60	750

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Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.
7580	2.32	520	8235	4.62	750	9012	1.90	455
7590	4.95	750	8263	10.36	750	9014	2.65	571
7600	3.36	681	8264	4.60	750	9015X	3.14	647
7601	13.47	750	8265	10.91	750	9016	5.62	750
7605	3.77	744	8279	11.79	750	9019	3.78	746
7610	0.53	242	8288	7.65	750	9033	2.06	479
7611	6.67	750	8291	2.78	591	9040	3.97	750
7612	18.57	750	8292	3.38	684	9052	1.87	450
7613	5.34	750	8293	9.33	750	9058	1.95	462
7720X	3.11	642	8295X	6.77	750	9059	3.34	678
7855	6.78	750	8304	8.07	750	9060	1.91	456
8001	2.59	561	8350	5.90	750	9061	1.46	386
8002	3.63	723	8380	3.73	738	9063	1.24	352
8006	2.38	529	8381	1.59	406	9077F	4.51	750
8008	1.23	351	8385	3.05	633	9082	1.75	431
8010	2.28	513	8392	3.93	750	9083	1.66	417
8013	0.53	242	8393	1.73	428	9084	2.31	518
8015	0.79	282	8500	5.73	750	9089	1.49	391
8017	1.26	355	8601	0.74	275	9093	1.66	417
8018X	2.84	600	8606	4.07	750	9101	3.25	664
8021	1.95	462	8709F	9.26	750	9102	3.41	689
8031	3.53	707	8719	2.03	475	9154	2.78	591
8032	1.82	442	8720	1.35	369	9156	1.59	406
8033	2.21	503	8721	0.46	231	9178	28.37	750
8039	1.65	416	8726F	11.01	750	9179	49.52	750
8044	3.63	723	8742X	0.54	244	9180	4.91	750
8045	0.52	241	8745	5.29	750	9182	3.03	630
8046	3.01	627	8748	0.47	233	9186	61.72	750
8047	1.38	374	8755	0.33	211	9220	4.29	750
8058	3.25	664	8800	1.10	331	9402	5.97	750

8072	0.74	275	8803	0.09	174	9403	7.33	750
8102	3.00	625	8810	0.26	200	9410	2.23	506
8103	5.29	750	8820	0.24	197	9501	5.48	750
8105	5.35	750	8824	3.22	659	9505	4.02	750
8106	4.99	750	8825	2.67	574	9516	3.20	656
8107	4.60	750	8826	2.56	557	9519	2.62	566
8111	3.58	715	8829	3.05	633	9521	6.00	750
8116	5.18	750	8831	3.38	684	9522	1.74	430
8203	7.00	750	8832	0.29	205	9534	8.49	750
8204	7.07	750	8833X	1.27	357	9554	9.81	750
8209	3.47	698	8835	2.45	540	9586	0.83	289
8215	6.22	750	8868	0.46	231	9600	1.84	445
8227	4.62	750	8869	0.85	292	9620	1.29	360
8232	7.30	750	8871	0.28	203			
8233	5.51	750	8901	0.33	211			
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### FOOTNOTES

- D** Special disease rule for the classification. See Rule 3-A-7 of Manual Supplement-Treatment of Disease Coverage.
- E** Classification involving specific disease loading. Refer to Home Office for amount.
- F** Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for Federal assessment.
- N** This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

#### Non-Ratable

<u>Class Code</u>	<u>Element Code</u>
4771	0771
7405	7445
7431	7453

- P** Classification is computed on a per capita basis.
- X** Refer to special classification phraseology in these pages which is applicable in this state.

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### Class Codes with Specific Footnotes

- 1005** Rate includes a non-ratable disease element of \$4.47. (For coverage written separately for federal benefits only, \$3.38. For coverage written separately for state benefits only, \$1.10).
- 8018** See Arkansas Special Classification for Warehousing - groceries exclusively.
- 8833** The rate for this classification is \$0.68. A charge of \$0.16 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.



- 9040** The rate for this classification is \$1.95. A charge of \$0.16 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

For Auto-Owners Rates, please refer to {{AR AO WC Rates}}

For Owners Miscellaneous Values, please refer to {{AR OIC WC Misc. Values}}

**Auto-Owners****WORKER'S COMPENSATION  
MISCELLANEOUS VALUES****Arkansas**

[Basis of Premium](#)  
[Expense Constant](#)  
[Terrorism Risk Insurance Act](#)  
[Premium Discount Percentages](#)  
[Maximum Payroll](#)  
[Minimum Payroll](#)  
[Premium Determination for Partners and Sole Proprietors](#)  
[United States Longshore and Harbor Workers](#)  
[Compensation Coverage Package](#)  
[Experience Rating Eligibility](#)

**BASIS OF PREMIUM**

Applicable in accordance with the footnote instructions for Code:

7370 (Taxicab Co.):

Employee operated vehicles	\$46,220
Leased or rented vehicles	\$30,813

7420 (Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew):

Maximum payroll per week per employee	\$600
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**EXPENSE CONSTANT**

Applicable in accordance with Basic Manual Rule 3-A-11.

\$160

**FOREIGN TERRORISM**

\$0.03 per total payroll/100

**DOMESTIC TERRORISM, EARTHQUAKE AND CATASTROPHIC INDUSTRIAL ACCIDENTS**

\$0.02 per total payroll/100

**PREMIUM DISCOUNT PERCENTAGES**

See Basic Manual Rule 3-A-19. The following premium discounts are applicable to Standard Premiums:

First	\$5,000	None
Next	\$95,000	3.5%
Next	\$400,000	5.0%
Over	\$500,000	7.0%

**MAXIMUM PAYROLL**

Applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers" and the footnote instructions for Code 9178 - "Athletic Team: Non-Contact Sports", Code 9179 - "Athletic Team: Contact Sports", and Code 9186 - "Carnival - Traveling"

\$2,400

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**PER PASSENGER SEAT SURCHARGE**

In accordance with the footnote instructions for Classification Code 7421 the surcharge is

\$100 per passenger seat  
\$1000 maximum surcharge per aircraft

**MINIMUM PAYROLL**

Applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers".

\$300

**PREMIUM DETERMINATION FOR PARTNERS, SOLE PROPRIETORS AND MEMBERS OF LIMITED LIABILITY COMPANIES**

Applicable in accordance with the Basic Manual Rule 2-E-3.

\$30,800

**UNITED STATES LONGSHORE AND HARBOR WORKERS COMPENSATION COVERAGE PERCENTAGE**

Applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.

90%

(Multiply a Non "F" classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for the difference in state and federal benefits (1.67) and the difference in state and federal loss-based expenses (1.139).)

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**EXPERIENCE RATING ELIGIBILITY**

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or the last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and Hazard group on a per claim basis:

**TOTAL LOSSES**

Deductible Amount	<u>Hazard Group</u>			
	I	II	III	IV
\$1,000	7.3%	5.7%	3.6%	2.3%
1,500	8.8%	7.1%	4.5%	2.9%
2,000	10.2%	8.2%	5.4%	3.5%
2,500	11.3%	9.2%	6.1%	3.9%
3,000	12.3%	10.1%	6.7%	4.4%
3,500	13.2%	10.8%	7.3%	4.8%
4,000	14.1%	11.6%	7.9%	5.2%
4,500	14.9%	12.3%	8.4%	5.6%
5,000	15.6%	13.0%	8.9%	6.0%

**INDEMNITY LOSSES**

Deductible Amount	<u>Hazard Group</u>			
	I	II	III	IV
\$1,000	1.5%	1.4%	1.0%	0.7%

1,500	2.2%	1.9%	1.5%	1.0%
2,000	2.7%	2.4%	1.9%	1.3%
2,500	3.2%	2.8%	2.2%	1.5%
3,000	3.7%	3.2%	2.5%	1.8%
3,500	4.1%	3.6%	2.8%	2.0%
4,000	4.5%	4.0%	3.1%	2.3%
4,500	4.8%	4.3%	3.4%	2.4%
5,000	5.2%	4.6%	3.6%	2.6%

**MEDICAL LOSSES**

<b>Deductible Amount</b>	<b><u>Hazard Group</u></b>			
	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>
\$1,000	7.0%	5.5%	3.4%	2.2%
1,500	8.4%	6.7%	4.3%	2.7%
2,000	9.5%	7.7%	4.9%	3.2%
2,500	10.5%	8.4%	5.5%	3.5%
3,000	11.3%	9.2%	6.0%	3.9%
3,500	12.1%	9.8%	6.4%	4.3%
4,000	12.7%	10.3%	6.9%	4.6%
4,500	13.3%	10.9%	7.3%	4.8%
5,000	13.9%	11.3%	7.7%	5.1%

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For Auto-Owners Rates, please refer to {{AR AO WC Rates}}.

Owners

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
PART THREE - RATES**

Arkansas

**Class Codes**[0005 - 3064](#)[3076 - 4653](#)[4665 - 7540](#)[7580 - 9620](#)

Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.
0005	4.33	750	1860	1.37	372	2503	1.22	349
0008	2.65	571	1924	2.91	611	2534	2.16	495
0016	5.58	750	1925	2.40	532	2570	4.38	750
0034	3.80	749	2001	2.17	496	2585	2.41	534
0035	2.21	503	2002	3.01	627	2586	0.91	301
0036	3.67	729	2003	2.53	552	2587	1.96	464
0037	3.98	750	2014	4.76	750	2589	1.45	385
0042	5.93	750	2016	2.18	498	2600	4.38	750
0050	4.90	750	2021	3.02	628	2623	2.27	512
0079	2.86	603	2039	4.15	750	2651	2.02	473
0083	7.51	750	2041	3.57	713	2660	1.42	380
0106	12.73	750	2065	1.10	331	2670	2.12	489
0113	4.25	750	2070	4.55	750	2683	1.83	444
0170	2.36	526	2081	3.92	750	2688	2.62	566
0251	4.79	750	2089	2.45	540	2702X	24.46	750
0400	7.63	750	2095	2.91	611	2710	7.53	750
0401	11.14	---	2105	2.25	509	2714	4.53	750
0771N	0.28	---	2110	2.02	473	2719X	9.88	750
0908P	113.00	273	2111	1.83	444	2731	3.31	673
0913P	302.00	462	2112	2.32	520	2735	2.69	577
0917	3.34	678	2114	2.79	592	2759	6.72	750
1005	8.88	750	2121	1.78	436	2790	1.27	357
1164E	6.50	750	2130	2.62	566	2802	5.85	750
1165E	6.20	750	2131	1.60	408	2812	3.92	750
1320	2.62	566	2143	1.98	467	2835	1.50	393
1322	10.54	750	2157	3.43	692	2836	2.13	490
1430	4.75	750	2172	1.94	461	2841	3.72	737
1438	2.44	538	2174	2.53	552	2881	2.06	479
1452	1.68	420	2211	4.75	750	2883	3.90	750
1463	10.44	750	2220	1.80	439	2913	2.81	596
1472	3.18	653	2286	1.33	366	2915	3.48	699
1624E	6.87	750	2288	4.17	750	2916	2.22	504
1642	3.44	693	2300	1.94	461	2923	1.84	445
1654	7.43	750	2302	1.70	424	2942	2.18	498
1655	4.14	750	2305	2.25	509	2960	2.73	583
1699	1.92	458	2361	1.22	349	3004	2.32	520
1701	3.19	654	2362	1.64	414	3018	2.79	592

1710E	5.96	750	2380	5.59	750	3022	3.00	625
1741E	1.59	406	2386	1.09	329	3027	2.72	582
1745X	2.62	566	2388	1.73	428	3028	2.86	603
1747	2.18	498	2402	2.08	482	3030	3.77	744
1748	5.12	750	2413	1.66	417	3040	3.45	695
1803D	4.90	750	2416	1.73	428	3041	3.24	662
1852D	2.01	472	2417	1.60	408	3042	2.93	614
1853	2.39	530	2501	1.36	371	3064	4.19	750
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Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.
3076	2.50	548	3559	1.96	464	4130	5.08	750
3081D	2.30	517	3574	1.08	327	4131	2.45	540
3082D	3.64	724	3581	1.09	329	4133	2.34	523
3085D	2.69	577	3612	2.01	472	4150	1.18	343
3110	2.74	585	3620	5.51	750	4206	3.61	720
3111	2.73	583	3629	1.73	428	4207	1.04	321
3113	1.96	464	3632	2.57	558	4239	1.21	348
3114	2.13	490	3634	1.73	428	4240	2.65	571
3118	1.30	362	3635	1.61	410	4243	1.30	362
3119	0.98	312	3638	1.44	383	4244	2.13	490
3122	1.04	321	3642	0.84	290	4250	1.35	369
3126	1.78	436	3643	2.72	582	4251	1.50	393
3131	0.81	286	3647	2.92	613	4263	2.16	495
3132	1.85	447	3648	1.91	456	4273	1.47	388
3145	1.73	428	3681	1.27	357	4279	1.60	408
3146	2.32	520	3685	1.66	417	4282	1.97	465
3169	2.39	530	3719	3.07	636	4283	2.12	489
3175D	2.63	568	3724	6.06	750	4299	1.25	354
3179	2.15	493	3726	3.24	662	4304	2.51	549
3180	1.92	458	3803	1.68	420	4307	2.44	538
3188	1.28	358	3807	1.45	385	4351	0.99	313
3220	1.82	442	3808	2.48	544	4352	0.93	304
3223	2.93	614	3821	3.81	750	4360	0.72	272
3224	2.40	532	3822	2.49	546	4361	1.22	349
3227	1.60	408	3824	4.37	750	4362	0.98	312
3240	3.01	627	3826	0.94	306	4410	2.65	571
3241	2.67	574	3827	1.08	327	4420	3.15	648
3255	2.36	526	3830	1.04	321	4431	1.33	366
3257	2.43	537	3851	2.59	561	4432	1.44	383
3270	3.98	750	3865	1.17	341	4439	1.69	422
3300	3.33	676	3881	3.44	693	4452	3.10	641
3303	3.28	668	4000	6.71	750	4459	1.91	456
3307	3.21	658	4021	4.06	750	4470	2.06	479
3315	2.40	532	4024E	1.54	399	4484	2.12	489
3334	2.29	515	4034	6.24	750	4493	2.55	555

3336	2.22	504	4036	2.39	530	4511	0.62	256
3365	8.78	750	4038	1.92	458	4557	1.65	416
3372	2.46	541	4053	2.92	613	4558	1.70	424
3373	3.07	636	4061	3.91	750	4561	1.73	428
3383	0.88	296	4062	2.83	599	4568	2.43	537
3385	0.80	284	4101	1.79	437	4581	1.52	396
3400	2.34	523	4111	2.11	487	4583	4.15	750
3507	2.64	569	4112	0.86	293	4611	0.85	292
3515	2.13	490	4113	1.52	396	4635	3.48	699
3548	1.13	335	4114	2.18	498	4653	1.22	349

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Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.
4665	6.18	750	5462	5.19	750	6811	5.12	750
4670	3.98	750	5472	4.66	750	6824F	22.12	750
4683	4.22	750	5473	4.75	750	6826F	10.71	750
4686	1.04	321	5474	6.08	750	6834	3.82	750
4692	0.33	211	5478	4.05	750	6836	7.72	750
4693	0.79	282	5479	9.46	750	6843F	14.71	750
4703	2.10	486	5480	9.25	750	6845F	17.31	750
4717	2.20	501	5491	1.83	444	6854	4.83	750
4720	3.59	716	5506	4.05	750	6872F	19.99	750
4740	1.36	371	5507	5.30	750	6874F	35.51	750
4741	1.63	413	5508D	6.73	750	6882	5.52	750
4751	1.73	428	5537	4.68	750	6884	12.13	750
4771N	1.61	453	5551	13.26	750	7133	3.19	654
4777	1.60	408	5606	1.79	437	7222	9.09	750
4825	0.69	267	5610	6.29	750	7228X	6.56	750
4828	1.30	362	5645	9.68	750	7229X	6.53	750
4829	1.41	379	5651	7.84	750	7230	3.47	698
4902	1.55	400	5703	91.52	750	7231	7.66	750
4923	1.03	320	5705	4.61	750	7232	13.03	750
5020	5.22	750	5951	0.34	213	7309F	24.64	750
5022	5.25	750	6003	9.46	750	7313F	5.68	750
5037	15.91	750	6005	6.24	750	7317F	9.09	750
5040	18.59	750	6017	3.94	750	7327F	19.82	750
5057	14.64	750	6018	2.01	472	7350F	21.53	750
5059	21.02	750	6045	2.69	577	7360	5.37	750
5069	20.21	750	6204	8.79	750	7370	4.65	750
5102	3.89	750	6206	6.77	750	7380X	3.77	744
5146	4.60	750	6213	10.48	750	7382	2.55	555
5160	4.09	750	6214	2.53	552	7390	3.23	661
5183	2.73	583	6216	4.78	750	7403X	2.59	561
5188	4.93	750	6217	4.11	750	7405N	1.37	487
5190	2.66	572	6229	3.44	693	7420X	19.77	750
5191X	1.49	391	6233	6.86	750	7421	2.06	479

5192	3.35	679	6235	10.38	750	7422	2.27	512
5213	6.99	750	6236	11.85	750	7423X	2.59	561
5215	3.37	682	6237	3.25	664	7425	3.20	656
5221	3.43	692	6251D	7.06	750	7431N	1.78	583
5222	9.16	750	6252D	6.40	750	7445N	0.74	---
5223	5.00	750	6260D	4.85	750	7453N	0.95	---
5348	3.49	701	6306	5.02	750	7502	2.69	577
5402	4.58	750	6319	5.02	750	7515	0.99	313
5403	9.33	750	6325	4.29	750	7520	2.76	588
5437	4.28	750	6400	6.26	750	7538	8.81	750
5443	3.40	687	6504	2.18	498	7539	5.60	750
5445	3.99	750	6801F	12.80	750	7540	3.72	737
<a href="#">Back to Top</a>								
Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.	Code No.	Rate	Min. Prem.
7580	1.88	451	8235	3.73	738	9012	1.54	399
7590	4.00	750	8263	8.38	750	9014	2.15	493
7600	2.72	582	8264	3.72	737	9015X	2.54	554
7601	10.90	750	8265	8.83	750	9016	4.55	750
7605	3.05	633	8279	9.54	750	9019	3.06	634
7610	0.43	227	8288	6.18	750	9033	1.66	417
7611	5.40	750	8291	2.25	509	9040	3.21	658
7612	15.02	750	8292	2.73	583	9052	1.49	391
7613	4.32	750	8293	7.54	750	9058	1.57	403
7720X	2.51	549	8295X	5.47	750	9059	2.71	580
7855	5.49	750	8304	6.53	750	9060	1.52	396
8001	2.06	479	8350	4.78	750	9061	1.16	340
8002	2.93	614	8380	2.97	620	9063	1.00	315
8006	1.90	455	8381	1.28	358	9077F	3.64	724
8008	0.98	312	8385	2.46	541	9082	1.39	375
8010	1.81	441	8392	3.18	653	9083	1.35	369
8013	0.42	225	8393	1.38	374	9084	1.87	450
8015	0.64	259	8500	4.64	750	9089	1.21	348
8017	1.01	317	8601	0.59	251	9093	1.35	369
8018X	2.26	510	8606	3.29	670	9101	2.59	561
8021	1.57	403	8709F	7.49	750	9102	2.76	588
8031	2.86	603	8719	1.64	414	9154	2.25	509
8032	1.47	388	8720	1.09	329	9156	1.28	358
8033	1.79	437	8721	0.37	217	9178	22.95	750
8039	1.33	366	8726F	8.90	750	9179	40.06	750
8044	2.93	614	8742X	0.43	227	9180	3.98	750
8045	0.42	225	8745	4.28	750	9182	2.45	540
8046	2.40	532	8748	0.38	219	9186	49.92	750
8047	1.12	334	8755	0.27	202	9220	3.47	698
8058	2.63	568	8800	0.89	298	9402	4.83	750
8072	0.60	253	8803	0.08	172	9403	5.93	750



8102	2.43	537	8810	0.21	193	9410	1.80	439
8103	4.28	750	8820	0.19	189	9501	4.43	750
8105	4.33	750	8824	2.60	563	9505	3.25	664
8106	4.04	750	8825	2.16	495	9516	2.59	561
8107	3.72	737	8826	2.07	481	9519	2.08	482
8111	2.90	610	8829	2.46	541	9521	4.85	750
8116	4.19	750	8831	2.73	583	9522	1.41	379
8203	5.66	750	8832	0.23	196	9534	6.87	750
8204	5.72	750	8833X	1.03	320	9554	7.94	750
8209	2.81	596	8835	1.98	467	9586	0.67	264
8215	5.03	750	8868	0.37	217	9600	1.49	391
8227	3.67	729	8869	0.69	267	9620	1.03	320
8232	5.91	750	8871	0.23	196			
8233	4.46	750	8901	0.27	202			
						<a href="#">Back to Top</a>		

## FOOTNOTES

- D** Special disease rule for the classification. See Rule 3-A-7 of Manual Supplement-Treatment of Disease Coverage.
- E** Classification involving specific disease loading. Refer to Home Office for amount.

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- F** Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for Federal assessment.
- N** This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

<u>Class</u> <u>Code</u>	<u>Non-</u> <u>Ratable</u> <u>Element</u> <u>Code</u>
4771	0771
7405	7445
7431	7453

- P** Classification is computed on a per capita basis.
- X** Refer to special classification phraseology in these pages which is applicable in this state.

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### Class Codes with Specific Footnotes

- 1005** Rate includes a non-ratable disease element of \$3.62. (For coverage written separately for federal benefits only, \$2.73. For coverage written separately for state benefits only, \$0.89).
- 8018** See Arkansas Special Classification for Warehousing - groceries exclusively.
- 8833** The rate for this classification is \$0.55. A charge of \$0.13 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

**9040** The rate for this classification is \$1.57. A charge of \$0.13 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

For Auto-Owners Rates, please refer to {{AR AO WC Rates}}.

For Owners Miscellaneous Values, please refer to {{AR OIC WC Misc. Values}}.

**Owners****WORKER'S COMPENSATION  
MISCELLANEOUS VALUES****Arkansas**

[Basis of Premium](#)  
[Expense Constant](#)  
[Terrorism Risk Insurance Act](#)  
[Premium Discount Percentages](#)  
[Maximum Payroll](#)  
[Minimum Payroll](#)  
[Premium Determination for Partners and Sole Proprietors](#)  
[United States Longshore and Harbor Workers](#)  
[Compensation Coverage Package](#)  
[Experience Rating Eligibility](#)

**BASIS OF PREMIUM**

Applicable in accordance with the footnote instructions for Code:

7370 (Taxicab Co.):

Employee operated vehicles	\$46,220
Leased or rented vehicles	\$30,813

7420 (Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew):

Maximum payroll per week per employee	\$600
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**EXPENSE CONSTANT**

Applicable in accordance with Basic Manual Rule 3-A-11.

\$160

**FOREIGN TERRORISM**

\$0.03 per total payroll/100

**DOMESTIC TERRORISM, EARTHQUAKE AND CATASTROPHIC INDUSTRIAL ACCIDENTS**

\$0.01 per total payroll/100

**PREMIUM DISCOUNT PERCENTAGES**

See Basic Manual Rule 3-A-19. The following premium discounts are applicable to Standard Premiums:

First	\$5,000	None
Next	\$95,000	10.9%
Next	\$400,000	12.6%
Over	\$500,000	14.4%

**MAXIMUM PAYROLL**

Applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers" and the footnote instructions for Code 9178 - "Athletic Team: Non-Contact Sports", Code 9179 - "Athletic Team: Contact Sports", and Code 9186 - "Carnival - Traveling"

\$2,400

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**PER PASSENGER SEAT SURCHARGE**

In accordance with the footnote instructions for Classification Code 7421 the surcharge is

\$100 per passenger seat  
\$1000 maximum surcharge per aircraft

**MINIMUM PAYROLL**

Applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers".

\$300

**PREMIUM DETERMINATION FOR PARTNERS, SOLE PROPRIETORS AND MEMBERS OF LIMITED LIABILITY COMPANIES**

Applicable in accordance with the Basic Manual Rule 2-E-3.

\$30,800

**UNITED STATES LONGSHORE AND HARBOR WORKERS COMPENSATION COVERAGE PERCENTAGE**

Applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.

90%

(Multiply a Non "F" classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for the difference in state and federal benefits (1.67) and the difference in state and federal loss-based expenses (1.139).)

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**EXPERIENCE RATING ELIGIBILITY**

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or the last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and Hazard group on a per claim basis:

**TOTAL LOSSES**

Deductible Amount	<u>Hazard Group</u>			
	I	II	III	IV
\$1,000	7.3%	5.7%	3.6%	2.3%
1,500	8.8%	7.1%	4.5%	2.9%
2,000	10.2%	8.2%	5.4%	3.5%
2,500	11.3%	9.2%	6.1%	3.9%
3,000	12.3%	10.1%	6.7%	4.4%
3,500	13.2%	10.8%	7.3%	4.8%
4,000	14.1%	11.6%	7.9%	5.2%
4,500	14.9%	12.3%	8.4%	5.6%
5,000	15.6%	13.0%	8.9%	6.0%

**INDEMNITY LOSSES**

Deductible Amount	<u>Hazard Group</u>			
	I	II	III	IV
\$1,000	1.5%	1.4%	1.0%	0.7%

1,500	2.2%	1.9%	1.5%	1.0%
2,000	2.7%	2.4%	1.9%	1.3%
2,500	3.2%	2.8%	2.2%	1.5%
3,000	3.7%	3.2%	2.5%	1.8%
3,500	4.1%	3.6%	2.8%	2.0%
4,000	4.5%	4.0%	3.1%	2.3%
4,500	4.8%	4.3%	3.4%	2.4%
5,000	5.2%	4.6%	3.6%	2.6%

**MEDICAL LOSSES**

<b>Deductible Amount</b>	<b><u>Hazard Group</u></b>			
	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>
\$1,000	7.0%	5.5%	3.4%	2.2%
1,500	8.4%	6.7%	4.3%	2.7%
2,000	9.5%	7.7%	4.9%	3.2%
2,500	10.5%	8.4%	5.5%	3.5%
3,000	11.3%	9.2%	6.0%	3.9%
3,500	12.1%	9.8%	6.4%	4.3%
4,000	12.7%	10.3%	6.9%	4.6%
4,500	13.3%	10.9%	7.3%	4.8%
5,000	13.9%	11.3%	7.7%	5.1%

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For Owners Rates, please refer to {{AR OIC Rates}}.

SERFF Tracking Number: AOIC-125352063 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$100  
Company Tracking Number: WCP-AR-99-11/16/2007-01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Workers Compensation Rate Filing /WCP-AR-99-11/16/2007-01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 11/19/2007

**Comments:**

**Attachment:**

AR WC Transmittal 1-1-2008.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation  
**Review Status:** Approved 11/19/2007

**Bypass Reason:** We are not changing our loss cost multipliers with this filing. Therefore, this document is not applicable.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document  
**Review Status:** Approved 11/19/2007

**Bypass Reason:** We are not changing our loss cost multipliers with this filing. Therefore, this document is not applicable.

**Comments:**


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	Auto-Owners Insurance Group				<b>Group NAIC #</b>	280-02801
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Auto-Owners Insurance Company	MI	280-18988	38-0315280			
Owners Insurance Company	OH	280-32700	34-1172650			

<b>5. Company Tracking Number</b>	WCP-AR-99-11/16/2007-01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Jennifer L. Smith 6101 Anacapri Blvd. Lansing, MI 48917	Administrator, Workers Compensation Actuarial	800-346-0346 (ext. 1185)	(517) 323-8796	aoactl@aoins.net
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		Jennifer L. Smith		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0000 Workers Compensation Insurance
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard Workers Compensation Insurance
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Workers Compensation and Employers Liability Insurance
<b>13. Filing Type</b>	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 1/1/2008   Renewal: 1/1/2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	National Council on Compensation Insurance, Inc.
<b>17. Reference Organization # &amp; Title</b>	AR-2007-10
<b>18. Company's Date of Filing</b>	November 16, 2007
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WCP-AR-99-11/16/2007-01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Auto-Owners Insurance Company of Lansing, Michigan and Owners Insurance Company of Lima, Ohio submit the following workers' compensation rate revision for your review. The proposed effective date for both new and renewal business is January 1, 2008.

Auto-Owners Insurance Company and Owners Insurance Company are filing to adopt the NCCI loss costs and miscellaneous values effective January 1, 2008 per NCCI Item Number AR-2007-10.

For Auto-Owners, all classes will maintain our loss cost multipliers of 1.57 and 1.47. The loss cost multiplier of 1.47 will remain in effect for the classes listed below:

0042 3040 3114 3632 4299 5022 5183 5190 5191 5192 5215  
5221 5445 5462 5474 5491 5537 5538 5645 5651 6217 6229  
6325 6836 7228 7229 8001 8006 8008 8010 8013 8017 8018  
8046 8227 8380 8393 8601 8742 8810 8820 8832 9052 9060  
9061 9082 9101 9519 9620

For Owners, all classes will maintain our loss cost multipliers of 1.27 and 1.17. The loss cost multiplier of 1.17 will remain in effect for the classes listed below:

0042 3040 3114 3632 4299 5022 5183 5190 5191 5192 5215  
5221 5445 5462 5474 5491 5537 5538 5645 5651 6217 6229  
6325 6836 7228 7229 8001 8006 8008 8010 8013 8017 8018  
8046 8227 8380 8393 8601 8742 8810 8820 8832 9052 9060  
9061 9082 9101 9519 9620

If you have any questions regarding this filing, please feel free to contact me.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #: EFT</b> <b>Amount: \$100.00</b></p> <p>\$50.00 filing fee per company</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WCP-AR-99-11/16/2007-01
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☒ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Auto-Owners	N/A	2.3%	\$17,571	262	\$769,280	4.4%	0.0%
Owners	N/A	2.6%	\$4,455	30	\$168,162	3.7%	0.5%

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

**5. Overall Rate Information (Complete for Multiple Company Filings only)**

		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>	N/A	
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>	2.3%	
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	\$22,026	
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	292	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	-4.6%
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<b>7.</b>	<b>Effective Date of last rate revision</b>	7/1/2007
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	AOAKZ013	[ ] New [X] Replacement [ ] Withdrawn	
02	AOAKZ014	[ ] New [X] Replacement [ ] Withdrawn	

03	AOAKZ015	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	AOAKZ016	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	